

From:

01/28/2011 12:40

#495 P.002/002

2010 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Delbert Hosemann
SECRETARY OF STATE

Name of Candidate John L. Champion
Address 365 Lathrop St. Suite 210 Hernando, MS 38642
Telephone 662-49-1374 Fax 662-429-5404
Contact Name _____ Email j.champion@msds17.com
Office Sought District Attorney 17th Political Party Democratic



☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (i) and (ii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions \$	0	+\$ 0	\$ 0	\$ 0
Total amount of disbursements \$	0	+\$ 0	\$ 0	\$ 0
Total amount of cash on hand	0	0	\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate John L. Champion

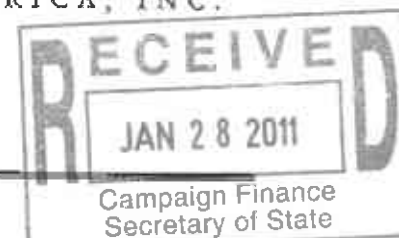
Date 1-28-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1498 or 601-576-2815.
2. Candidates for countywide and county district offices should return form to their county Circuit Clerk.

SOS 01-10

MOTION PICTURE ASSOCIATION OF AMERICA, INC.



FAX COVER SHEET

To: Mississippi Secretary of State's Elections Division	From: Motion Picture Association of America, Inc.
FAX NUMBER: 818-285-4456	Date: 01/28/2011
COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER: 818-935-5750	ORIGINAL BEING SENT BY MAIL: [X] Yes [] No
Re: MPAA Illinois PAC	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

PHONE: 818 - 995 - 6600
ADDRESS: 15301 VENTURA BLVD.
BUILDING E
SHERMAN OAKS, CA 91403

SS 06-05

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION
FOR A POLITICAL COMMITTEEAMENDMENT

1. Name of committee MOTION PICTURE ASSOCIATION OF AMERICA ILLINOIS PAC (FORMERLY ILLINOIS FILM PAC)
2. Address of committee 15301 VENTURA BLVD., BUILDING E
 City, State, Zip SHERMAN OAKS, CA 91403 Email SARAH_WALSH@MPAA.ORG
 Phone (818) 995-6600 FAX (818) 285-4409
 Contact Person SARAH WALSH Phone (818) 995-6600 Email SARAH_WALSH@MPAA.ORG
 Contact Full Address 15301 VENTURA BLVD., BUILDING E
SHERMAN OAKS, CA 91403
3. Is the committee registered with the Federal Election Commission (FEC)? Yes
 FEC Identification Number X No
4. If the committee is authorized by a candidate:
 Name of Candidate _____
 Address _____
 Office sought _____ Party _____
5. Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations:
MOTION PICTURE ASSOCIATION OF AMERICA ILLINOIS PAC SUPPORTS STATE AND LOCAL CANDIDATES AND IS SPONSORED BY THE MOTION PICTURE ASSOCIATION OF AMERICA, INC.
6. Names and addresses of all officers: (attach separate sheet if necessary)
 - A. Name SUZANNE NALL Office CHAIRPERSON
 Address 15301 VENTURA BLVD., BUILDING E, SHERMAN OAKS, CA 91403
 - B. Name SARAH WALSH Office TREASURER
 Address 15301 VENTURA BLVD., BUILDING E, SHERMAN OAKS, CA 91403
 - C. Name _____ Office _____
 Address _____
 - D. Name _____ Office _____
 Address _____
7. Director SARAH WALSH Sarah Walsh 1/28/11
 (Type Name) (Signature) (Date)
8. Treasurer SARAH WALSH Sarah Walsh 1/28/11
 (Type Name) (Signature) (Date)

Send To:

1. Political Committees associated with statewide or multi-county elections should return the form to:
 Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.
2. Political Committees associated with single county elections should return this form to their County Circuit Clerk.
3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee Motion Picture Association of America Illinois PAC

Address 15301 Ventura Blvd., Bldg. E, Sherman Oaks, CA 91403

Telephone (818) 995-6600 **Fax** (818) 285-4409

Treasurer Sarah Walsh **Email** sarah.walsh@mpaa.org

☐ Check here if above is different from previous report.

TYPE OF REPORT

<u> </u>	May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....	Mandatory
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<u> </u>	October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....	All Candidates
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Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

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- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 15,000.00 + \$ 0.00	\$ 15,000.00	\$ 15,000.00
Total amount of disbursements	\$ 500.00 + \$ 0.00	\$ 500.00	\$ 500.00
Total amount of cash on hand		\$ 434.83	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date: _____

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-411 and 613 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Motion Picture Association of America Illinois PACReporting period 01/01/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fox Group		<u>01</u> / <u>28</u> / <u>10</u>	\$ 5,000.00
Mailing Address P.O. Box 900		___ / ___ / ___	\$
City, State, Zip Code Beverly Hills, CA 90213		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 5,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Paramount Pictures Group		<u>03</u> / <u>05</u> / <u>10</u>	\$ 5,000.00
Mailing Address 5555 Melrose Ave.		___ / ___ / ___	\$
City, State, Zip Code Los Angeles, CA 90038		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 5,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Warner Bros. Entertainment Inc.		<u>03</u> / <u>22</u> / <u>10</u>	\$ 5,000.00
Mailing Address 4000 Warner Blvd.		___ / ___ / ___	\$
City, State, Zip Code Burbank, CA 91522		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 5,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Page 1 of 1Name of Candidate or Committee Motion Picture Association of America Illinois PACReporting period 01/01/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Jim Hood		
Mailing Address		\$
P.O. Box 16647	11 / 23 / 10	500.00
City, State, Zip Code		\$
Jackson, MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$